

**2007 RETIREE/COBRA - HEALTH AND DENTAL**

| <b>HEALTH PROVIDER/COVERAGE CATEGORY*</b>                    | <b>MONTHLY RATE</b> | <b>BI-WEEKLY RATE</b> | <b>BILLING METHOD</b> |
|--|---------------------|-----------------------|-----------------------|
| <b>Kaiser Permanente HIGH RETIREE under 65 and COBRA**</b>   |                     |                       | City will bill        |
| Single   | \$360.13            | \$180.07              |                       |
| 2-Party  | \$695.26            | \$347.63              |                       |
| Family   | \$943.12            | \$471.56              |                       |
| <b>Kaiser Permanente MIDWAY RETIREE under 65 and COBRA**</b> |                     |                       | City will bill        |
| Single   | \$318.54            | \$159.27              |                       |
| 2-Party  | \$614.58            | \$307.29              |                       |
| Family   | \$834.16            | \$417.08              |                       |
| <b>Kaiser Permanente LOW RETIREE under 65 and COBRA**</b>    |                     |                       | City will bill        |
| Single   | \$283.48            | \$141.74              |                       |
| 2-Party  | \$546.58            | \$273.29              |                       |
| Family   | \$742.33            | \$371.17              |                       |
| <b>Kaiser Permanente HIGH 65+ RETIREE***</b>                 |                     |                       | City will bill        |
| Subscriber (M)   | \$186.52            | \$93.26               |                       |
| Subscriber (M) + Spouse (M)                                  | \$369.11            | \$184.56              |                       |
| Subscriber (M) + Spouse (NM<65)                              | \$521.65            | \$260.83              |                       |
| Subscriber (NM<65) + Spouse (M)                              | \$542.72            | \$271.36              |                       |
| Subscriber (M) + Spouse (M) + Child (NM)                     | \$616.97            | \$308.49              |                       |
| Subscriber (M) + Spouse (NM<65) + Child (NM)                 | \$769.51            | \$384.76              |                       |
| Subscriber (NM<65) + Spouse (M) + Child (NM)                 | \$790.58            | \$395.29              |                       |
| Subscriber (NM<65) + Spouse (NM+65)                          | \$1,356.63          | \$678.32              |                       |
| Subscriber (NM +65)  | \$1,000.43          | \$500.22              |                       |
| Subscriber (NM+65) + Spouse (NM+65)                          | \$1,996.93          | \$998.47              |                       |
| Subscriber (NM+65) + Spouse (NM+65) + Child (NM)             | \$2,244.79          | \$1,122.40            |                       |
| Subscriber (Part A Only +65)                                 | \$707.10            | \$353.55              |                       |
| <b>Kaiser Permanente MIDWAY 65+ RETIREE***</b>               |                     |                       | City will bill        |
| Subscriber (M)   | \$186.52            | \$93.26               |                       |
| Subscriber (M) + Spouse (M)                                  | \$369.11            | \$184.56              |                       |
| Subscriber (M) + Spouse (NM<65)                              | \$482.56            | \$241.28              |                       |
| Subscriber (NM<65) + Spouse (M)                              | \$501.13            | \$250.57              |                       |
| Subscriber (M) + Spouse (M) + Child (NM)                     | \$588.69            | \$294.35              |                       |
| Subscriber (M) + Spouse (NM<65) + Child (NM)                 | \$702.14            | \$351.07              |                       |
| Subscriber (NM<65) + Spouse (M) + Child (NM)                 | \$720.71            | \$360.36              |                       |
| Subscriber (NM<65) + Spouse (NM+65)                          | \$1,315.04          | \$657.52              |                       |
| Subscriber (NM +65)  | \$1,000.43          | \$500.22              |                       |
| Subscriber (NM+65) + Spouse (NM+65)                          | \$1,996.93          | \$998.47              |                       |
| Subscriber (NM+65) + Spouse (NM+65) + Child (NM)             | \$2,216.51          | \$1,108.26            |                       |
| Subscriber (Part A Only +65)                                 | \$707.10            | \$353.55              |                       |
| <b>Kaiser Permanente LOW 65+ RETIREE***</b>                  |                     |                       | City will bill        |
| Subscriber (M)   | \$138.93            | \$69.47               |                       |
| Subscriber (M) + Spouse (M)                                  | \$274.08            | \$137.04              |                       |
| Subscriber (M) + Spouse (NM<65)                              | \$402.03            | \$201.02              |                       |
| Subscriber (NM<65) + Spouse (M)                              | \$418.63            | \$209.32              |                       |
| Subscriber (M) + Spouse (M) + Child (NM)                     | \$469.83            | \$234.92              |                       |
| Subscriber (M) + Spouse (NM<65) + Child (NM)                 | \$597.78            | \$298.89              |                       |
| Subscriber (NM<65) + Spouse (M) + Child (NM)                 | \$614.38            | \$307.19              |                       |
| Subscriber (NM<65) + Spouse (NM+65)                          | \$1,274.96          | \$637.48              |                       |
| Subscriber (NM+65)   | \$995.25            | \$497.63              |                       |
| Subscriber (NM+65) + Spouse (NM+65)                          | \$1,986.72          | \$993.36              |                       |
| Subscriber (NM+65) + Spouse (NM+65) + Child (NM)             | \$2,182.47          | \$1,091.24            |                       |
| Subscriber (Part A Only +65)                                 | 701.92              | \$350.96              |                       |
| <b>Blue Cross HMO HIGH RETIREE under 65 Or COBRA**</b>       |                     |                       | City will bill        |
| Single   | \$347.84            | \$173.92              |                       |
| 2-Party  | \$700.13            | \$350.07              |                       |
| Family   | \$970.90            | \$485.45              |                       |

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|  |            |            |                |
|--|------------|------------|----------------|
| <b>Blue Cross HMO MIDWAY RETIREE under 65 Or COBRA**</b>                       |            |            |                |
| Single   | \$329.26   | \$164.63   | City will bill |
| 2-Party  | \$662.52   | \$331.26   |                |
| Family   | \$918.95   | \$459.48   |                |
| <b>Blue Cross HMO LOW RETIREE under 65 or COBRA**</b>                          |            |            |                |
| Single   | \$302.94   | \$151.47   | City will bill |
| 2-Party  | \$608.99   | \$304.50   |                |
| Family   | \$844.69   | \$422.35   |                |
| <b>BC PPO RETIREE und 65, Blue Card RETIREE und 65, or COBRA**</b>             |            |            |                |
| Single   | \$503.46   | \$251.73   | City will bill |
| 2-Party  | \$1,014.73 | \$507.37   |                |
| Family   | \$1,404.90 | \$702.45   |                |
| <b>Blue Cross HMO HIGH RETIREE with Medicare A&amp;B</b>                       |            |            |                |
| Single   | \$376.38   | \$188.19   | City will bill |
| 2-Party  | \$757.86   | \$378.93   |                |
| Family   | \$1,050.60 | \$525.30   |                |
| <b>Blue Cross HMO HIGH RETIREE without Medicare A&amp;B</b>                    |            |            |                |
| Single   | \$580.14   | \$290.07   | City will bill |
| 2-Party  | \$1,170.12 | \$585.06   |                |
| Family   | \$1,619.80 | \$809.90   |                |
| <b>Blue Cross HMO MIDWAY RETIREE with Medicare A&amp;B</b>                     |            |            |                |
| Single   | \$356.25   | \$178.13   | City will bill |
| 2-Party  | \$717.10   | \$358.55   |                |
| Family   | \$994.31   | \$497.16   |                |
| <b>Blue Cross HMO MIDWAY RETIREE without Medicare A&amp;B</b>                  |            |            |                |
| Single   | \$548.91   | \$274.46   | City will bill |
| 2-Party  | \$1,106.91 | \$553.46   |                |
| Family   | \$1,532.51 | \$766.26   |                |
| <b>Blue Cross HMO LOW RETIREE with Medicare A&amp;B</b>                        |            |            |                |
| Single   | \$331.40   | \$165.70   | City will bill |
| 2-Party  | \$666.56   | \$333.28   |                |
| Family   | \$924.19   | \$462.10   |                |
| <b>Blue Cross HMO LOW RETIREE without Medicare A&amp;B</b>                     |            |            |                |
| Single   | \$515.62   | \$257.81   | City will bill |
| 2-Party  | \$1,039.31 | \$519.66   |                |
| Family   | \$1,438.84 | \$719.42   |                |
| <b>BC PPO RETIREE w/Med A&amp;B or Blue Card Out-of-State w/Med A&amp;B</b>    |            |            |                |
| Single   | \$619.99   | \$310.00   | City will bill |
| 2-Party  | \$1,250.47 | \$625.24   |                |
| Family   | \$1,730.38 | \$865.19   |                |
| <b>BC PPO RET w/out Med A&amp;B or BlueCard Out-of-State w/out Med A&amp;B</b> |            |            |                |
| Single   | \$813.19   | \$406.60   | City will bill |
| 2-Party  | \$1,641.39 | \$820.70   |                |
| Family   | \$2,270.13 | \$1,135.07 |                |
| <b>Delta Dental DPO RETIREE/COBRA**</b>  |            |            |                |
| Single   | \$56.10    | \$28.05    | City will bill |
| 2-Party  | \$102.05   | \$51.03    |                |
| Family   | \$143.83   | \$71.92    |                |
| <b>Delta Care Dental PMI/DHMO RETIREE/COBRA**</b>                              |            |            |                |
| Single   | \$18.58    | \$9.29     | City will bill |
| 2-Party  | \$28.17    | \$14.09    |                |
| Family   | \$41.92    | \$20.96    |                |
| <b>Local Advantage Dental Plan RETIREE/COBRA**</b>                             |            |            |                |
| Single   | \$56.10    | \$28.05    | City will bill |
| 2-Party  | \$102.05   | \$51.03    |                |
| Family   | \$143.83   | \$71.92    |                |

\*Health Rates include Vision Service Plan.

\*\*COBRA coverage is between 18 to 36 months, Contact HR, Benefits Division for information.

\*\*\* (M) Medicare Over 65 / (NM +65) No Medicare Over 65 / (NM) No Medicare Under 65

**RATES ARE SUBJECT TO CHANGE.**